

**Heaton Road Surgery  
Patient Participation Group Meeting Minutes  
Tuesday 13<sup>th</sup> August at 6.15**

<b>Present:</b> Pamela Slater	XXX	XXX
Dr Amy Gall	XXX	XXX
Emma McGregor	XXX	

**Welcome & introductions**

**Action points from last meeting**

- Online access was not advertised in reception and leaflets were not available. This was brought to our attention at a previous meeting and has now been rectified.
- Designated prescription line set up for repeat prescription ordering now in place and working well.
- Call recording implemented. This information is stated on a pre-recorded message for all callers to the surgery. Recorded calls are used for staff training and monitoring purposes.
- Less experienced staff working at reception desk. This was highlighted at the previous PPG meeting and training has now been implemented to improve customer service.

**Staff Changes**

Dr Gall advised of current staff changes.

Dr Catriona Hall started in May. She works on a Wednesday, Thursday and Friday (five sessions in total). She specialises in women's health, sexual health and teaching.

Dr Lucy Hudson, partner, has returned from maternity leave and is now working Monday and Fridays (four sessions). Safeguarding matters. Older people and childrens care.

Dr Hannah Wright left at the end of April and moved to a salaried GP role working in another practice and with Changing Lives.

Dr Luci McWhor will sadly be leaving the practice on 16<sup>th</sup> August 2019 to work in Occupational Health. She may possibly be doing locum work for the surgery in the future. Dr Hudson will be taking over the majority of the business responsibilities. The remainder will be shared between Dr Chadwick (Information Governance) and Dr Gall, registered manager for Care Quality Commission and Primary Care Networking.

Dr Danielle Robinson will be dropping three sessions in October as she is undertaking a sexual health role at the Newcroft Centre.

Dr Alison George, a new GP will pick up Dr Robinson's three sessions and will be working Monday afternoons and all day Wednesday.

Luis Illescas-Ruiz, Advanced Nurse Practitioner, will be starting on the 2<sup>nd</sup> September. He will be working full time on Monday, Wednesday, Thursday, and Friday and will be assisting the doctors with triage calls and urgent appointments.

Christine Calbraith, Reception Team leader, will be retiring at the end of December. We have therefore advertised this post as well as a prescription clerk and await applications.

### **Developing Online Practices – The digital future**

- Pam advised that online consultations (e-consult) is available via the Heaton Road Surgery website. Practices have been advised to promote the use of e-consult and increase usage going forward.
- Video consultations should be available in the near future and we have expressed an interest in becoming a trial surgery. This may free up a number of appointments at the surgery and offers patients alternative access to GP services.
- Online registration. This is not yet available as necessary resources need to be implemented. Patients are generally required to attend the surgery to complete registration forms. Patients are asked to provide two forms of ID, including photo ID. Exceptions can be made for patients who are unable to access the surgery and patients who genuinely have no identification e.g homeless patients.
- Book appointments online. Appointments can be booked via Online access and/or the NHS app (which also has medical advice pages etc). Practices should ensure that a minimum of 25% of their appointments are available online. Heaton Road surgery currently have half of our GP appointments available for booking online. We are however unable to signpost for these appointments which the administration staff are trained to do when patients contact the surgery by telephone.
- Ordering prescriptions online. Currently patients can order prescriptions via online access or the NHS app. Online access leaflets are now in reception for further information.
- Full medical records. Access to full medical records should be available in the future for newly registering patients from the date of registration but this is not in place yet as we are awaiting further guidance from NHS England. Practice protocols need to be put in place regarding the management of incoming correspondence etc. Coded access is currently available if requested and upon completion of an application form and by providing identification.
- SMS texting. This has now been implemented and began on Friday 19<sup>th</sup> July. It has proven to be very effective. It helps reduce postage costs, has been more effective in

communicating with patients and saves time in the practice. However, text messages can only be used in certain circumstances. Patients can opt out of text messaging if they so wish.

- Free wifi. This is now available in the building. NHS wi-fi can be accessed by patients entering their name and email address.
- Telehealth (NHS app). This is not available as yet. It sounds to be similar to the NHS app. The NHS app could possibly develop into this but as yet there is limited information.

### **Security screen at reception.**

The screen was initially requested by reception staff due to a feeling of vulnerability whilst working in the reception area. We are encountering an increasing number of abusive and aggressive patients and have a duty to ensure staff safety.

Pam asked for any feedback with regards to the security screen. Maureen did advise there have been instances when patients/staff have found it difficult to hear each other but other than that the screen is effective and doesn't really cause any limitations.

Of note; xxx informed us that she had recently attended the surgery and the background music was very loud. Pam advised the music volume should always be low and this is played for confidentiality purposes with the consultation room locations being close to the waiting room and also for this to be comforting for patients waiting to be seen. Action taken – the volume has been turned down to a more comfortable level.

### **Primary Care Network-Overview by Dr Gall.**

Dr Gall explained that from 1st July 2019 GP practices nationwide became a member of a Primary Care Network (PCN). Technically a PCN is a group of practices who will work together to provide more access for patients and support the provision of proactive, coordinated care alongside other services such as mental health services and local authority and the voluntary sector.

Primary care networks were developed nationally as part of the NHS Long Term Plan and going forward, services can be designed and implemented to provide for the needs of the community that the PCN covers. This collaborative working style also brings funding to primary care services across Newcastle. There are six separate PCNs across Newcastle. There are approximately 64,000 patients in our network which includes; Heaton Road Surgery, Thornfield Medical Group, St Anthony's Health Centre, Benfield Park Medical Group, Biddlestone Health Group and Walker Medical Group. These groups of practices will work closely together and smaller practices particularly will benefit from being part of a larger network.

Each Primary Care Network has a Clinical Director who will ensure that their network is providing services that improve the health and wellbeing of patients in their area. The

Clinical Director for our group is Dr Natalie Crowe, based at Thornfield Medical Group. The administration lead is Tracey Stuchlik also based at Thornfield Medical Group.

“Primary Care Networks in Newcastle will empower patients to input more into the care they receive as well as having their say on the range of services that are available across the network.”

Each area is different and its population will have different needs. Instead of a blanket offer of care across Newcastle, PCNs will be able to individualise their services to best meet the needs of their population.

Each PCN will have the ability to employ staff to work across all practices. For example, each PCN in Newcastle could employ a Clinical Pharmacist who will support all practices in their network. Clinical pharmacists are increasingly working as part of general practice teams. They are highly qualified experts in medicines and can help people in a range of ways. This includes carrying out structured medication reviews for patients with ongoing health problems and improving patient safety, outcomes and value through a person-centred approach. We will also be employing a social prescriber in the first year.

We will have two pharmacists across the network in the 1<sup>st</sup> year as we will be employing our pharmacy hub Pharmacist also.

Clinical pharmacists work as part of the general practice team to improve value and outcomes from medicines and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medicines and better access to health checks. The role is pivotal to improving the quality of care and ensuring patient safety. Having clinical pharmacists in GP practices means that GPs can focus their skills where they are most needed, for example on diagnosing and treating patients with more complex conditions. This helps GP's to manage the demands on their time.

Primary care networks will continue to develop at pace and over the next four years, develop in partnership with patients, members of the public and local organisations. A number of additional roles could be added to each network; these include:

- First contact Physiotherapists
- Physician Associates and
- Community paramedics.

### **Flu campaign.**

Walk in clinics will likely be held at the surgery in October. We plan to hold a specific clinic for over 65's at the end of September. Last year practices had problems obtaining supplies of over 65's flu vaccinations due to manufacturing problems. This year there are reported to be problems with the manufacturers obtaining under 65s. There are no reported problems in obtaining childrens vaccinations. We will inform patients of the dates of the flu clinics when we know the delivery dates to receive the vaccinations at the surgery.

### **Patient DNAs.**

Appointment statistics- Pam advised the group of current appointment statistics.

Produced by Newcastle & North Tyneside Local Medical Committee (LMC)

The key figures for June 2019 (based on NHS Digital data):

- The total number of patients rose by 731,000 from last June to 59,900,000, which leaves each fully qualified GP responsible for an average of 2086 patients. An extra 26 patients each compared to last June.
- The total number of appointments at GP surgeries in England was 23,800,000 in June 2019.
- The 2019 **GP patient survey** found that only 3.8% of respondents wanted an appointment with a week or more wait. The figures released show that in June 2019, 31.9% of appointments involved a wait of over a week.
- 18.2% of appointments recorded involved a wait of over 2 weeks, up from 16.5% last June. Appointments involving a wait of over 28 days were up by 119,000 compared to last June, and now make up 5.1% of all appointments.

With patient numbers rising and GP numbers falling, the pressure on GPs increases. As a result, some patients are waiting weeks for appointments, and GPs are working extra hours. The BMA quarterly survey found that 3 in 4 GPs are often or very often working beyond their regular hours. Despite these pressures, more than 8 in 10 patients describe their GP practice as 'very' or 'fairly' good.

Estimated patient non- attendance figures for **Heaton Road Surgery**:

March 2019	<b>191</b>
April 2019	<b>199</b>
May 2019	<b>215</b>
June 2019	<b>233</b>
July 2019	<b>221</b>

Measures currently taken:

Patients coded as DNA

1<sup>st</sup> DNA text or reminder letter sent to patient

2<sup>nd</sup> DNA Practice Policy letters sent to patient including copy of policy

3<sup>rd</sup> DNA within a 3 month period. DNA's discussed with the GP' and removal from the practice list is considered depending on circumstances of each patient.

The overall consensus was that this amount of non-attendances was surprising. XXX asked if patient appointment reminder messages are sent as the appointment approaches as well as a confirmation message at the time of booking the appointment. XXX explained that she receives confirmation and a reminder message, however it was queried whether some patients only receive confirmation and not the reminder. *Having looked into this further all patients who consent to text messaging do receive an appointment reminder message.* Pam

is going to look into what is available to enable patients to reply to the reminder message to cancel appointments if they aren't required.

XXX also asked if we had an idea of how many appointments we have at the surgery each month in total, with regards to the number of DNA's. Pam has enclosed our official Vanguard appointment statistics below which confirm a higher proportion of DNAs than those coded internally.

**Year to date identified activity within practice\***

		Current Financial year										
		Contact type			Clinician type							
Month / Year	2019-20	Face to Face	Telephone	Home Visit	Dr	NP	Nurse	HCA	Phlebotomist	Other	DNAs	
Population	7475											
4	Apr	2859	1621	1145	93	2045	0	100	140	37	537	218
5	May	3118	1808	1220	90	2218	0	185	96	9	610	227
6	Jun	2802	1598	1117	87	1997	0	217	101	33	454	251
7	Jul	3388	2004	1274	110	2370	0	272	148	37	561	246
8	Aug	0	0	0	0	0	0	0	0	0	0	
9	Sep	0	0	0	0	0	0	0	0	0	0	
10	Oct	0	0	0	0	0	0	0	0	0	0	
11	Nov	0	0	0	0	0	0	0	0	0	0	
12	Dec	0	0	0	0	0	0	0	0	0	0	
1	Jan	0	0	0	0	0	0	0	0	0	0	
2	Feb	0	0	0	0	0	0	0	0	0	0	
3	Mar	0	0	0	0	0	0	0	0	0	0	
Total	12167	7031	4756	380	8630	0	774	485	116	2162	942	
Avg per pt	1.6	0.9	0.6	0.1	1.2	0.0	0.1	0.1	0.0	0.3	0.1	

Highest number of identified appointments in a single month: 3388

**Next meeting:**

Dr Gall and Pam advised that the next PPG meeting possibly to take place in February and date will be confirmed at a later time.